

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>06/21/11</u>		2 Serial/Patent # <u>6,025,490</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/>	Petition	1599	PET.OP	02/04/10 \$ 4,120.00
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>4,120.00</u>	
		8 TO BE REFUNDED BY:	<input type="radio"/> Credit Card	
10 REASON:		<input type="radio"/> Treasury Check		
<input type="checkbox"/> Overpayment		<input type="radio"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		9	<u> -- </u>	
<input checked="" type="checkbox"/>	X No Fee Due (Explanation): Petition dismissed, no request for reconsideration filed.			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Monica A. Graves</u>		TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>/Monica A. Graves/</u>		PHONE: <u>(571) 272-7253</u>		
OFFICE: <u>Office of Petitions</u>		*****		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>CKhlo5</u>		DATE: <u>6/23/11</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B